

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CITY CLERK DEPT. OF CLERK

COVER SHEET PG 1
2003 APR 28 AM 9 42

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

8

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Charles C.
NICKNAME LAST SUFFIX
Charlie Hooten

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
548 Satellite Dr. El Paso TX 79912-3300

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
William B.
NICKNAME LAST SUFFIX
Bill Hooten

Receipt #

Amount

Date Processed

Date Imaged

0

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
924 Cortijo El Paso TX 79912

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 584-8176

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
3 / 25 / 03 THROUGH 4 / 23 / 03

10 ELECTION

ELECTION DATE
Month Day Year
5 / 3 / 03

ELECTION TYPE

☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

El Paso City Representative, Dist. 1

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Charles C. Hooten

15 ACCOUNT # (Ethics Commission filers)**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 530.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3680.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 73.49

4. TOTAL POLITICAL EXPENDITURES

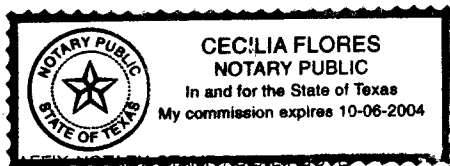
\$ 3456.84

**OUTSTANDING
LOAN TOTALS**5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 1751.74

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Charles Hooten
Signature of Candidate or Officeholder

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Charles C. Hooten, this the 28th day of April, 2003, to certify which, witness my hand and seal of office.

Cecilia Flores
Signature of officer administering oath

Cecilia Flores
Printed name of officer administering oath

Printed name of officer administering oath

Notary
Title of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2	
2 FILER NAME Charles C. Hooten		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-12-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Juan Contin 6 Contributor address; City; State; Zip Code 5728 Kingsfield Ave. El Paso, TX 79912	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4-14-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patty and Harry Bruce Contributor address; City; State; Zip Code 1082 Los Jardines Cir El Paso, TX 79912	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4-15-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Betty Taber Contributor address; City; State; Zip Code 1061 Los Jardines Cir El Paso, TX 79912	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4-15-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sandra & Clarence Albrecht Contributor address; City; State; Zip Code 6320 Pino Real El Paso, TX 79912	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4-15-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Q. Adams Contributor address; City; State; Zip Code 1575 Belvidere St. #145 El Paso, TX 79912	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#: _____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1

Total pages this Schedule A1:

Filer Name: Charles C. Hooten

Date	Full name of contributor Address	Amount of Contribution
4-15-03	Roderick Fraser 1077 Los Jardines Cir. El Paso, TX 79912	200.00
4-15-03	Mary Carolyn Fraser 1077 Los Jardines Cir. El Paso, TX 79912	200.00
4-16-03	Jack Ryan 312 Crimson Cloud Ln. El Paso, TX 79912	300.00
4-18-03	Dr. John D. Wilbanks 912 Thunderbird El Paso, TX 79912	100.00
4-22-03	Mamie Harper 939 Rim Road El Paso, TX 79902	100.00
4-21-03	Willie Melby 711 Rim Road El Paso, TX 79902	1000.00
4-23-03	Robert Jones 108 Calle Cumbre El Paso, TX 79912	500.00

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2**2** FILER NAME

Charles C. Hooten

3 ACCOUNT # (Ethics Commission filers)**4** Date

4-3-03

5 Payee name

H & H Mail Service

7Amount
(\$)**6** Payee address; City; State; Zip Code

9020 Mayflower Ave. El Paso, TX. 79925

1428.48

8 Purpose of payment (See instructions regarding type of information required.)

Addressing & mailing flyers

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

4-3-03

Payee name

U.S. Postmaster

Payee address; City; State; Zip Code

U.S. Post Office

El Paso, TX 79925

Amount
(\$)

111.00

Purpose of payment (See instructions regarding type of information required.)

Stamps for mailing letters requesting contributions

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

4-10-03

Payee name

Kwik Kopy

Payee address; City; State; Zip Code

5815 N. Mesa

El Paso, TX 79912

Amount
(\$)

731.77

Purpose of payment (See instructions regarding type of information required.)

Typesetting and printing of flyer

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

4-11-03

Payee name

U.S. Postmaster

Payee address; City; State; Zip Code

U.S. Post Office

El Paso, TX 79925

Amount
(\$)

66.60

Purpose of payment (See instructions regarding type of information required.)

Stamps for mailing letters requesting contributions and thank you letters

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION☐ not applicable**14** Name of guarantor**16** Amount Guaranteed (\$)**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION☐ not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

SCHEDULE F

Total pages Schedule F: 2

Filer Name: **Charles C. Hooten**

Date	Payee Name Payee Address Purpose of payment	Amount
4-17-03	Clear Channel Radio 4045 N. Mesa Radio Ads El Paso, TX 79912	892.50
4-17-03	KROD Radio 4180 N. Mesa Radio Ads El Paso, TX 79912	153.00